

Provider Inspection Summary
For the period 07/01/2003 to 06/30/2006
Adult Family Home

Facility Information

Facility Name: OUR HOUSE III (0009455)
Address: N9211 CTY RD N, NESHKORO, WI 54960
License Status: REGULAR
Licensed/Certified/Registered 10/01/2001
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0095864 **End Date:** 10/12/2005 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007214 Served 11/12/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT		
88.05(3)(h)4	SPACE IN BATHROOM		
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS		
88.07(1)(e)	OVERNIGHT SUPERVISION		
88.09(1)(a)	RESIDENT RECORDS		
88.09(2)(a)	SERVICE PROVIDER RECORD		

Survey ID: 0091666 **End Date:** 11/04/2003 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2003 to 06/30/2006
Adult Family Home

Enforcement History

Date: 11/10/2005	SOD #10007214	Appealed: No
-------------------------	----------------------	---------------------

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 07/01/2003 to 06/30/2006
Adult Family Home

Complaint History

Date Complaint Received: 07/06/2005

Date Investigation Completed: 10/12/2005

Subject Area(s)
SUPERVISION
STAFF ADEQUACY

Result
SUBSTANTIATED
SUBSTANTIATED

SOD #
11/10/05
11/10/05

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.